

GENERAL INFORMATION							PLAN BENEFITS ⁴							
COMPANY	COUNTIES WHERE AVAILABLE	PLAN MONTHLY ¹ PREMIUM	ACCEPTS ² <65 DISABLED	COPAY PCP ³ / SPECIALIST VISIT	COPAY/DEDUCT. INPATIENT HOSPITAL	COPAY/DEDUCT. SKILLED NURSING FACILITY	EMERGENCY CARE	ROUTINE IMMUNIZATIONS	ROUTINE VISION CARE	ROUTINE HEARING CARE	ROUTINE DENTAL CARE	Rx DRUGS	FOREIGN TRAVEL EMERGENCY	OTHER
AETNA, INC. “GOLDEN MEDICARE” 1-800-832-2640 www.aetna.com	BERGEN, ESSEX HUDSON, PASSAIC SUSSEX, UNION	\$45	YES	\$20-25 \$30	\$100 / DAY DAYS 1-7 FOR EACH STAY	\$25 / DAY DAYS 1-100	\$50/ER VISIT (WAIVED IF ADMITTED IMMEDIATELY)	\$0 COPAY FLU, PNEUMONIA \$0 COPAY HEPATITIS B	\$0 COPAY ANNUAL EXAM \$70/2 YRS. EYEWEAR	\$0 COPAY ANNUAL EXAM \$500/3 YRS. HEARING AID	DISCOUNTS WITH NETWORK DENTISTS	UNLIMITED GENERIC \$15 - 30 DAY SUPPLY \$30 - 90 DAY SUPPLY BRAND NAME \$200 MAX./QUARTER \$40 - 30 DAY SUPPLY \$80 - 90 DAY SUPPLY	YES	\$0 COPAY/ANNUAL MAMMOGRAM, PELVIC EXAM \$0 COPAY/ANNUAL PROSTATE SCREENING
	CAMDEN	\$48	YES	\$15-20 \$25	\$100 / DAY DAYS 1-7 FOR EACH STAY	\$20 / DAY DAYS 1-100	\$50/ER VISIT (WAIVED IF ADMITTED IMMEDIATELY)	\$0 COPAY FLU, PNEUMONIA \$0 COPAY HEPATITIS B	\$0 COPAY ANNUAL EXAM	\$0 COPAY ANNUAL EXAM \$500/3 YRS. HEARING AID	DISCOUNTS WITH NETWORK DENTISTS	UNLIMITED GENERIC ONLY \$15-30 DAY SUPPLY \$30-90 DAY MAIL ORDER SUPPLY	YES	\$0 COPAY/ANNUAL MAMMOGRAM, PELVIC EXAM \$0 COPAY/ANNUAL PROSTATE SCREENING
AMERICHoice OF N.J. “PERSONAL CARE PLUS” 1-877-289-1915 www.americhoice.com	ESSEX HUDSON PASSAIC UNION	\$0	YES	\$20 \$25	\$840/ BENEFIT PERIOD	\$0	\$50/ER VISIT (WAIVED IF ADMITTED WITHIN 24 HRS. FOR SAME CONDITION)	\$0 COPAY FLU, PNEUMONIA HEPATITIS B VACCINES	\$25 COPAY ANNUAL EXAM	\$20 COPAY ANNUAL EXAM \$300/3 YRS. HEARING AID	NO	NO	YES	\$0 COPAY/ANNUAL MAMMOGRAM \$0 COPAY/ PELVIC EXAM \$0 COPAY/PROSTATE CANCER SCREENING
AMERIHEALTH HMO, INC. “AMERIHEALTH 65” 1-800-898-3492 www.amerihealth.com	SALEM	\$116	YES	\$15 \$25	\$750/YR.	\$0	\$40/ER VISIT	\$0 COPAY FLU, PNEUMONIA HEPATITIS B VACCINES	\$25 COPAY EXAM/2 YRS. \$100/2 YRS. EYEWEAR	\$25 COPAY EXAM/3 YRS. \$500/3 YRS. HEARING AID	\$10 COPAY 2 EXAMS/YR. 2 CLEANINGS/YR.	\$1500 ANNUAL MAXIMUM GENERIC ONLY, AT NETWORK PHARMACY \$15-30 DAY SUPPLY \$30-90 DAY SUPPLY	NO	\$0 COPAY/ANNUAL MAMMOGRAM \$25 COPAY/ PELVIC EXAM \$15 COPAY/PROSTATE CANCER SCREENING
HORIZON HEALTHCARE OF N.J., INC. “MEDICARE BLUE VALUE” 1-800-224-1234 www.horizon.bcbsnj.com	ALL	\$0	YES	\$10 \$10	15% OF ELIGIBLE CHARGES (UP TO ANNUAL OUT-OF-POCKET MAXIMUM OF \$3000 FOR PLAN SERVICES)	15% OF ELIGIBLE CHARGES (UP TO ANNUAL OUT-OF-POCKET MAXIMUM OF \$3000 FOR PLAN SERVICES)	\$50/ER VISIT (WAIVED IF ADMITTED WITHIN 24 HRS. FOR SAME CONDITION)	\$0 COPAY FLU, PNEUMONIA VACCINES \$10 COPAY HEPATITIS B VACCINES	\$20 COPAY ANNUAL EXAM \$100/ 2 YRS. EYEWEAR	\$0 COPAY ANNUAL EXAM \$750/3 YRS. HEARING AID	NO	UNLIMITED GENERIC \$50 ANNUAL DED. \$10-30 DAY SUPPLY \$20-90 DAY MAIL ORDER SUPPLY BRAND \$500 ANNUAL MAX. 50% COPAY	YES	\$0 COPAY/ANNUAL MAMMOGRAM \$0 COPAY/ PELVIC EXAM \$0 COPAY/PROSTATE CANCER SCREENING
OXFORD HEALTH PLANS (N.J.), INC. “OXFORD MEDICARE ADVANTAGE” 1-800-303-6720 www.oxfordhealth.com	HUDSON	\$0	YES	\$10 \$25	\$80/DAY/ADMISSION \$640 MAXIMUM/ ADMISSION \$150 DOCTOR COPAY/INPATIENT SURGERY	\$0/DAY DAYS 1-10 \$75/DAY DAYS 11-100	\$50/ER VISIT (WAIVED IF ADMITTED WITHIN 24 HRS. FOR SAME CONDITION)	\$0 COPAY FLU, PNEUMONIA HEPATITIS B VACCINES	NO	NO	NO	UNLIMITED GENERIC \$15 COPAY-PREFERRED \$25 COPAY- NON-PREFERRED BRAND \$500 ANNUAL MAX. 50% COPAY OR MIN. \$50/ PRESCRIPTION	NO	\$0 COPAY/ANNUAL MAMMOGRAM \$0 COPAY/ PELVIC EXAM \$0 COPAY/PROSTATE CANCER SCREENING

1. May be billed quarterly.

2. People with end-stage renal disease (ESRD) may only enroll in a Medicare Advantage HMO if they are already in one, and it later terminates or ceases to provide coverage in the service area.

3. Primary Care Physician (PCP).

4. This is only a partial summary of benefits. Contact the HMO for details. This summary only applies to the calendar year indicated.